| AME   | NDMENT T                        | ΓRANSMI                          | TTAL LE                           | TTER                   | Docket No.<br>04635/000N066-L         |
|---|---------------------------------|----------------------------------|-----------------------------------|------------------------|---------------------------------------|
| Application No.<br>10/788,506-Conf. #7427                             |                                 | Filing Date<br>February 26, 2004 |                                   | Examiner<br>M. Tinkler | Art Unit                              |
|   |                                 |                                  |                                   |                        |                                       |
| vention: A MET  |                                 |                                  |                                   |                        |                                       |
|   |                                 | THE COMMI                        |                                   |                        |                                       |
| Fransmitted here<br>The fee has beer                                  |                                 |                                  |                                   |                        |                                       |
| ne ree nas beer   | T Calculated all                |                                  | S AS AMEN                         |                        |                                       |
|   | Claims                          | Highest                          |                                   | DED                    |                                       |
|   | Remaining<br>After<br>Amendment | Number<br>Previously<br>Paid     | Number<br>Extra Claims<br>Present | Rate                   |                                       |
| Total Claims  | 35                              | - 34 =                           | 1                                 | x 26.00                | 26.00                                 |
| Independent<br>Claims   | 4 🕱                             | - 4 =                            | 1                                 | x 110.00               | i                                     |
| Multiple Depend   | lent Claims (ch                 | eck if applicabl                 | e)                                |                        |                                       |
| Other fee (please specify): Extension for response within third month |                                 |                                  |                                   |                        | 555.00                                |
| TOTAL ADDIT   | IONAL FEE FO                    | OR THIS AME                      | NDMENT:                           |                        | 581.00                                |
| Large Entity  |                                 |                                  |                                   | x Small Entity         | ,                                     |
| No additiona  | al fee is require               | d for this amer                  | ndment.                           |                        |                                       |
| X Please char   | ge Deposit Acc                  | count No                         | 04-0100 i                         | n the amount of \$     | 581.00                                |
|   |                                 |                                  |                                   |                        |                                       |
| A check in the  | ne amount of \$                 |                                  | to cover                          | the filing fee is end  | dosed.                                |
| Payment by  | credit card. Fo                 | orm PTO-2038                     | is attached.                      |                        |                                       |
| X The Director  |                                 | orized to char                   | ge and credit                     | Deposit Account N      | lo. <u>04-0100</u>                    |
| _   | ny overpaymer                   | nt.                              |                                   |                        |                                       |
| x Credit a  |                                 |                                  |                                   |                        |                                       |
| =   | any additional fili             | ing or applie <del>ati</del> d   | n processing                      | fees required under    | 37 CFR 1.16 and 1.17                  |
| =   | any additional fili             | ing or application               | n processing                      | fees required under    | 37 CFR 1.16 and 1.17 October 22, 2008 |

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